

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305 titled Medical Dispute Resolution- General, 133.307 and 133.308 titled Medical Dispute Resolution by Independent Review Organizations, the Medical Review Division assigned an IRO to conduct a review of the disputed medical necessity issues between the requestor and the respondent. This dispute was received on 10-25-04.

The IRO reviewed therapeutic exercises, manual therapy technique, office visits, neuromuscular re-education, massage therapy, ultrasound, supplies and materials and TENS rendered from 01-27-04 through 02-18-04 that were denied based upon "V".

The IRO determined that 2 units of therapeutic exercises, 1 unit of manual therapy technique, office visits, neuromuscular re-education, ultrasound and supplies and materials from 01-27-04 through 02-11-04 **were** medically necessary. The IRO further determined that 3 units of therapeutic exercises, 1 unit of manual therapy technique from 01-27-04 through 02-11-04 and the remaining therapeutic exercises, manual therapy technique, office visits, neuromuscular re-education, massage therapy, ultrasound, supplies and materials and a TENS unit from 02-12-04 through 02-18-04 **were not** medically necessary.

The Medical Review Division has reviewed the IRO decision and determined that **the requestor did not prevail** on the **majority** of issues of medical necessity. Consequently, the requestor is not owed a refund of the paid IRO fee.

In accordance with §413.031(e), it is a defense for the carrier if the carrier timely complies with the IRO decision.

Based on review of the disputed issues within the request, the Medical Review Division has determined that **medical necessity was not the only issue** to be resolved. This dispute also contained services that were not addressed by the IRO and will be reviewed by the Medical Review Division.

On 11-18-04, the Medical Review Division submitted a Notice to requestor to submit additional documentation necessary to support the charges and to challenge the reasons the respondent had denied reimbursement within 14-days of the requestor's receipt of the Notice.

CPT code 97750-FC date of service 04-14-04 denied with denial code "F" (charge exceeds fee schedule or usual and customary values as established by Ingenix). The carrier per the EOB has made a payment of \$274.40. The requestor did not submit a HCFA to determine the number of units actually billed nor did the requestor indicate if the service performed was the initial exam, interim or discharge exam. No additional reimbursement is recommended.

ORDER

Pursuant to §§402.042, 413.016, 413.031, and 413.019 of the Act, the Medical Review Division hereby ORDERS the respondent to pay for the unpaid medical fees in accordance with Medicare program reimbursement methodologies effective August 1, 2003 per Commission Rule 134.202(c), plus all accrued interest due at the time of payment to the requestor within 20-days of receipt of this order. This Decision is applicable for dates of service 01-27-04 through 02-11-04 in this dispute.

The respondent is prohibited from asserting additional denial reasons relative to this Decision upon issuing payment to the requestor in accordance with this Order (Rule 133.307(j)(2)).

This Findings and Decision and Order are hereby issued this 6th day of January 2005.

Debra L. Hewitt
Medical Dispute Resolution Officer
Medical Review Division

DLH/dlh

Enclosure: IRO Decision

January 3, 2005

Texas Workers Compensation Commission
MS48
7551 Metro Center Drive, Suite 100
Austin, Texas 78744-1609

NOTICE OF INDEPENDENT REVIEW DECISION
Corrected Letter

RE: MDR Tracking #: M5-05-0626-01
TWCC #:
Injured Employee:
Requestor: Valley Spine Medical Center
Respondent: WAUSAU Ins. C/o. Hammerman & Gainer
MAXIMUS Case #: TW04-0497

MAXIMUS has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). The MAXIMUS IRO Certificate Number is 5348. Texas Worker's Compensation Commission (TWCC) Rule §133.308 allows for a claimant or provider to request an independent review of a Carrier's adverse medical necessity determination. TWCC assigned the above-reference case to MAXIMUS for independent review in accordance with this Rule.

MAXIMUS has performed an independent review of the proposed care to determine whether or not the adverse determination was appropriate. Relevant medical records, documentation provided by the parties referenced above and other documentation and written information submitted regarding this appeal was reviewed during the performance of this independent review.

This case was reviewed by a practicing chiropractor on the MAXIMUS external review panel who is familiar with the condition and treatment options at issue in this appeal. The reviewer has met the requirements for the ADL of TWCC or has been approved as an exception to the ADL requirement. The MAXIMUS chiropractor reviewer signed a statement certifying that no known conflicts of interest exist between this chiropractor and any of the treating physicians

or providers or any of the physicians or providers who reviewed this case for a determination prior to the referral to MAXIMUS for independent review. In addition, the MAXIMUS chiropractor reviewer certified that the review was performed without bias for or against any party in this case.

Clinical History

This case concerns a 25 year-old female who sustained a work related injury on _____. The patient reported that while at work she injured her left index finger, left wrist and left hand working with a hook and a knife. On 11/23/04 the patient underwent a left carpal tunnel release and removal of small fatty tissue (lipoma) for the preoperative diagnosis of left carpal tunnel syndrome. Postoperatively the patient was treated with therapy consisting of therapeutic exercises, manual therapy technique, neuromuscular reeducation, massage therapy, ultrasound and a TENS unit.

Requested Services

Therapeutic exercises, manual therapy technique, office visit, neuromuscular reeducation, massage therapy, ultrasound, supplies and materials and a TENS unit from 1/27/04 through 2/18/04.

Documents and/or information used by the reviewer to reach a decision:

Documents Submitted by Requestor:

1. Initial Medical Narrative Report 9/5/03
2. Operative Report 11/24/03
3. Office Notes 1/5/04 – 4/12/04
4. Progress Notes 1/27/04 – 2/18/04
5. FCE 4/14/04

Documents Submitted by Respondent:

1. Chiropractic Modality Review 2/18/04, 11/13/03, 2/24/04
2. Office Notes 10/16/03 - 4/12/04
3. Progress Notes 9/8/03 – 2/18/04
4. FCE 1/5/04

Decision

The Carrier's denial of authorization for the requested services is partially overturned.

Rationale/Basis for Decision

The MAXIMUS chiropractor reviewer noted that this case concerns a 25 year-old female who sustained a work related injury to her left index finger, left wrist, and left hand on _____. The MAXIMUS chiropractor reviewer indicated that the patient should be allowed 8-10 weeks of post operative therapy if steady improvement is demonstrated. The MAXIMUS chiropractor reviewer explained that the patient had plateaued and that subjectively and objectively she made no more gains in postoperative treatment weeks 9 and 10. The MAXIMUS chiropractor reviewer

indicated that a TENS unit used at home would be beneficial for the control of her pain. The MAXIMUS chiropractor reviewer explained that the documentation provided does not support the need for one on one therapy for 2 hours a day for carpal tunnel rehabilitation. The MAXIMUS chiropractor reviewer also explained that the patient ultimately had a poor outcome overall. The MAXIMUS physician reviewer further explained that ongoing therapy was not productive in eliminating this patient's pain or returning her to work. Therefore, the MAXIMUS chiropractor consultant concluded that 2 units of therapeutic exercises (97110), and 1 unit of manual therapy technique (97140), and office visit, neuromuscular reeducation, ultrasound, and supplies & materials from 1/27/04 through 2/11/04 were medically necessary to treat this patient's condition.

The MAXIMUS chiropractor consultant further concluded that 3 units of therapeutic exercises (97110) and 1 unit of manual therapy technique (97140) from 1/27/04 through 2/11/04 were not medically necessary to treat this patient's condition and that the remaining therapeutic exercises, manual therapy technique, office visit, neuromuscular reeducation, massage therapy, ultrasound, supplies and materials and a TENS unit from 2/12/04 through 2/18/04 were not medically necessary to treat this patient's condition.

Sincerely,
MAXIMUS

Elizabeth McDonald
State Appeals Department